

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1988

BIRTH NO. _____		REG. DIST. NO. 254		PRIMARY REG. DIST. NO. 4370		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Page</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clearmont</u>		c. LENGTH OF STAY (in this place) <u>27 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clarinda</u>		8142	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Wallin Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>Freeman Hotel-14th. & Main</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u>		b. (Middle) <u>ANDREW</u>		c. (Last) <u>JAMES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4, 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 12, 1877</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Merchant</u>		11. BIRTHPLACE (State or foreign country) <u>Braddyville, Iowa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob J. James</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Willets</u>		14. NAME OF HUSBAND OR WIFE <u>Lulu Skinner James</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clara James</u> ADDRESS <u>14</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic congestive heart failure & arterial fibrillation</u> DUE TO (c) <u>Prostatic hypertrophy, kidney nephrosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u> <u>4343</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 9, 1950</u> , to <u>Jan 4, 1951</u> , that I last saw the deceased alive on <u>Jan 4, 1951</u> , and that death occurred at <u>1:15 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Harvill Ford M.D.</u> (Degree or title)				23b. ADDRESS <u>2 Elm St.</u>		23c. DATE SIGNED <u>Jan 8 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan 4, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Braddyville Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Braddyville, Iowa.</u>	
DATE REC'D BY LOCAL REG. <u>1-13-51</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bess Holt</u>		ADDRESS <u>Clarinda, Iowa.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



Body was removed to Clarinda, Iowa and was embalmed there.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Loren Davison

Iowa

Licensed Embalmer No. 3148

P. O. Address Clarinda, Iowa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.